

## CLAIMS ONLY

Application Number:

10/784,230

**Filing Date**

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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49						
50						
Total Indep	4					
Total Depend	7					
Total Claims	11					